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ABSTRACT

Recent literature on the topic of pregnancy resolution among unmarried adolescent women investigates differences between women choosing abortions and those not so choosing, and is organized into studies dealing with social correlates of pregnancy resolution and research centering on psychological variables. The social correlate studies address areas which include the following: social and interpersonal milieu, socioeconomic factors, race, age, family structure, and religious and moral outlook. Issues addressed by the psychological variable studies include attitudes, beliefs, intentions, self-image, personality, and decision-making. An extension reference section is provided. (Author/HLM)

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SOCIAL AND PSYCHOLOGICAL CORRELATES OF PREGNANCY RESOLUTION AMONG ADOLESCENT WOMEN: A REVIEW

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ABSTRACT

A review of the recent literature on pregnancy resolution among unmarried adolescent women suggests that those who seek and go through with an abortion do not comprise a "special" population but are similar to their age mates in many of their social and psychological characteristics. Previous research does suggest, however, that teenage abortion patients differ from their term counterparts along a number of significant variables.

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The past decade has witnessed a dramatic rise in the incidence of unwanted pregnancy among unmarried teenaged women. The problem has been widely reported both in the popular press and in professional and scholarly journals where it has frequently been described in terms of an "epidemic". In recent years, policy makers, educators, and laymen concerned with youth have come to view premarital pregnancy among adolescent women as a most serious social problem with grave social, economic, and psychological consequences for the women themselves, for their families orientation and procreation, and for the communities in which they dwell.

Reflecting this rise in the incidence of adolescent pregnancy and recent changes in social policy, the past decade has also seen a sharp increase numbers of legal abortions performed annually, from a total of about 23,000 in 1969, to the present peak, roughly 1.3 million,[3] making legal abortion the most commonly performed surgical procedure in the U.S. Recent statistics comparing outcomes of premarital pregannncy among teenagers indicate that almost a third (31%) of all premarital pregnancies end abortion as contrasted with under half (45%) that end in live births.[17] In 1971 (before the Supreme Court rulings which liberalized most restrictive state abortion laws), the pattern was almost reversed, with 44% of premarital pregnancies to adolescents ending in live births and 33% ending in abortion.[7,102, 104]

During this period, research interest in all aspects of adolescent pregnancy and its outcomes has also intensified. Growing numbers of social scientists, representing a wide spectrum of research concerns and theoretical orientations, have examined various situational, sociodemographic, and psychological

orientations, have examined various situational, sociodemographic, and psychological variables that are presumed to be associated wiht pregnancy outcome.[1] Even so, surprisingly little is known about the social and psycholological correlates of pregnancy resolution. Few systematic studies have been carried out, and the data we do have are preliminary and impressionistic. There are equally serious research gaps in comparative studies of women who abort or carry their pregnanies to term, and almost no systematic data comparing teenagers who obtain abortions with sexually active, but nonpregnant teenagers. Moreover, most studies have lumped together women of different ages and marital status, making it difficult to interpret the findings and to apply them to unwed adolescents--clearly, a distinctive subgroup among pregnant women.

The limitations in existing studies may be attributed to other sources as well,e.g.,the use of disparate samples and lack of control groups for comparison. There are also social restrictions which researchers in this field are likely to encounter. Adolescent premarital pregnancy, abortion, and illegitimacy are sensitive and controversial topics in many circles, and public censure may obstruct reliable data collection. The lacunae in current research pose special problems for a discussion of pregnancy outcomes among teenagers, for it is uncertain to what extent general investigations of pregnant women can illuminate our understanding of adolescent pregnancy. But at the risk of overaggregating findings from sources whose applicability is questionable, this discussion will include studies which look broadly at preganncy resolution among various groups of women.

* * *

Recent investigations, employing a wide range of samples (regional, national, and international) and a variety of methods (questionnaire, interview, and survey),

lend credence to the belief that unmarried adolescnet abortion patients are not conspicuously different in social or psychological characteristics from their nonpregnant, sexually active counterparts.[8,10,22,24,25,26,35,67,72,85] These studies suggest that adolescent women who seek abortions do not comprise a "special" population with distinctive psychosocial features setting them apart from other teenagers. Not surprisingly, however, studies comparing women who choose abortion with those carrying to term do indicate that there are differences between these groups with respect to age, socioeconomic background, race, education, sources of financial support, and religion--as well as attitudes, feelings, intentions, and behavior relating to contraception.[13,14,15,39,42,45,96,102]

The literature addressing these differences can be organized into studies which deal with social correlates of pregnancy resolution and research centering on psychological variables. For purposes of this discussion, each of these areas will be considered separately, beginning with a review of the sociodemographic research, then examining psychological variables which have been associated with pregnancy resolution among adolescent women.

Sociodemographic Variables. As in the past, women seeking abortions on the eve of the eighties not only tend to be young and unmarried, but disproportionate numbers of them continue to be white. White women obtain abortions at about three times the rate of black women. This statistic actually reflects an increase in birth rate among unmarried white teenagers, which in the last ten years has nearly doubled--at a time when the rates for older women have been dropping. Among blacks, the illegitimacy rate declined, although it is still much higher for them than for whites. But for unmarried white women under 20, abortion is far more common than delivery: Approximately two thirds (67%) of all pregnancies to these women end in abortion, compared with roughly a quarter

(27%) ending in live births. For blacks, the abortion rate has also increased dramatically but has by no means kept pace with the incidence of premarital pregnancies ending in delivery. Accurate statistics on abortion rates among blacks are lacking, but it is a well-known fact that far more pregnancies among unmarried black teenagers are carried to term than are interrupted by induced abortion.[17,102]

These statistics, comparing rates of abortion to delivery among unmarried adolescents, are perplexing, especially in view of the greatly increased availability of contraceptive and abortion services--and in view of the sharp decline in birth rate among older women. Even when geographic and economic variations are considered, there seems to be no simple or direct relationship between abortion rates on the one hand and fertility and live birth rates on the other.

Age. Findings from various studies indicate that unmarried teenage are most likely to seek abortions during their very early (≤15) or late teens (18 - 19), but overall, the average adolescent abortion patient is older than the term patient.[17] Correspondingly, for those carrying to term, the demographic bulge occurs in the 16- to 17-year-old age group: Among these women, premarital pregnancy has the greatest likelihood of ending in illegitimate birth.

Family Structure. Studies comparing the family background characteristics of premaritally pregnant teenagers who abort or carry their pregnancies to term, suggest that abortion patients are more likely to come from intact families and to have fewer siblings than term patients.[22,35,45,70] Those who carry to term more often come from larger, single-parent families. Comparisons in the living arrangements and financial status of teenage abortion

of academic values and escape from the pressures and demands of school work.[45] A simpler and more straightforward explanation has been suggested by Presser[86] viz., that the burdens of caring for an infant, whatever the mother's educational aspirations, interests, and motivation, by themselves can account for the grade differential and high drop-out rate. Significantly, those who carry to term and then return to high school perform as well, if not better, than the abortion patients--a finding which may be attributed to the greater motivation of these women who, after all, must overcome serious obstacles in order to return to school. But for the typical teenage mother, poor grades and other academic problems predate both pregnancy and dropping out.

Some researchers[45] have suggested that in certain social milieux, teenage motherhood may be an acceptable alternative to school and the middle-class expectations that are associated with it. Thus, single parenthood may be symptomatic of alienation and disengagement from the activities, standards, and values of middle-class America; it may also be an effective legitimation of another life-style and other, i.e., lower-class values.

Not surprisingly, given their greater success in school and greater economic independence, women who seek abortions also appear to have higher educational and occupational aspirations than their term counterparts.[39] More frequently than term patients, these women express concern that bearing a child would interfere with their schooling and career and have damaging consequences for their social life generally.[39]

Social and interpersonal milieu. Many studies have found correlations between the level of the woman's relations with her sexual partner and the eventual pregnancy outcome.[14,15,39,102] These studies indicate that among term patients,

and term patients also indicate that abortion patients tend to be more financially independent of their families than term patients.[35] A large majority of both groups apparently live with parents and are supported by them at the time they become pregnant, but, as several investigators have shown,[22,35] those seeking abortions tend to earn at least some income from regular employment outside the home. Those who become dependent on public assistance to any extent, are likely to later become unwed mothers.[16,39] Following pregnancy outcome, the economic picture appears to be notably altered: Among term patients, fewer continue to live at home with parents and receive support from them, and not surprisingly, they are less likely to earn money after delivery than before.

Socioeconomic distinctions. It is a well-known fact that social class differences exist between abortion and term patients, and that women of lower socioeconomic status are more likely to deliver their babies than not, whereas women from high socioeconomic levels more often terminate their pregnancies in abortion.[45] Comparisons between educational and occupational levels of parents of abortion and term patients suggest that parents of women seeking abortions are better educated and hold higher-status and higher-paying jobs than parents of their term counterparts.[22,35,70]

Consistent with these distinctions, differences in school performance have also been found between term and abortion samples. For example, separate studies by Fischman,[39] Evans, Selstad, & Welcher,[35] and Kramer[66] reveal that term patients earn worse grades and have more academic difficulties than abortion patients and are more likely to drop out before graduating from high school. Other studies indicate that the school performance of abortion patients does not differ significantly from that of average students.[22,70]

One interpretation of the discrepancy in educational achievement is that, for many of the term patients, single parenthood is associated with the abandonment

relations to the sexual partner are likely to be closer and of longer duration than for aborters. Term patients are also likely to be more influenced by their mothers in the decision-making process. Adolescents seeking abortions are somewhat less likely to seek parental support, and the physician apparently has for them a more important role than either parents or sexual partner.[38] These findings do not imply that family relations are poorer among aborters. On the contrary, abortion patients appear to come from "average" homes and to enjoy good relations with parents who support them in their pregnancy decisions.[22,70]

Perhaps the most significant difference in the social milieux of the two groups is in the role models available to them in the family. Whatever the decision, the women appear to have more role models in their families for that choice.[35] Thus, teenage abortion patients have greater knowledge of role models (i.e., sisters) who have also had abortions, and those who carry to term have had more experience with single-parent role models in their families.[15,38]

Religious and moral outlook. That religion should be correlated with pregnancy outcome is hardly surprising. Proportionately fewer Catholic than Protestant and non-religious teenagers who are premaritally pregnant seek abortions, and several studies have shown that term patients are more likely than aborters to have moral or religious objections to abortion, as well as more conservative attitudes toward it.[15,66]

Summary. The sociodemographic data on pregnancy resolution present a picture of the unmarried adolescent abortion patient as in many ways distinctive from her term counterpart: She appears slightly older, less poor, better educated, and more financially independent. Her home environment appears to be more stable, and she seems somewhat less reliant on parents or boyfriend. Indeed, one has the impression of an average student from an intact, small-

sized family, who, like many teenagers actively participates in the workforce.

These characteristics suggest that, in comparison with her term counterpart, the abortion patient is likely to be more independent (judging from her partial self-support); more motivated (judging from her school record and academic aspirations); and more optimistic--as the abortion decision itself appears to imply: For implicit in this decision is a belief that the situation and dilemma it presents, can be resolved--without compromising the woman's future plans.

These considerations do not imply that the unmarried, teenage abortion patient is distinctive from her nonpregnant peers; but rather that her circumstances are far more favorable than those of her term counterpart, for whom pregnancy means inevitable social and economic hardship.

Psychological Studies

Within the last several years, research attention has focused on the attitudes[38] and beliefs of those who choose either to go through with or to terminate their pregnancies. A recent series of investigations addressing psychological aspects of pregnancy resolution has centered on the decision-making process itself.[11,12,13,14,15]

This research is both intriguing and heuristically valuable, although the psychological variables on which it has focussed require more concrete links to the growing body of empirical data on pregnancy resolution. A few studies have examined the feelings and reactions of women to the resolution of their pregnancies.[44,45] But, in fact, the literature centering on psychological correlates of pregnancy outcomes is limited, and few studies focus exclusively on unmarried teenagers.

Intentions, attitudes and beliefs. Recent studies of pregnancy resolution among diverse samples of women indicate that the decision to abort or carry to term is highly complex and involves an interplay of often conflicting feelings, attitudes, beliefs, and intentions. Zelnik and Kantner's surveys illustrate this point.[90,102,103,104,105] Whether or not pregnancy is intended does not accurately predict how the pregnancy will be resolved. For example, about a fifth (22%) of premaritally pregnant teenagers whose pregnancies are unintended are likely to carry them to term; and conversely, a significant number of women who intend their (premarital) pregnancies (12%) may not go through with them. (Since of 80% of all pregnancies to unwed adolescents are unintended, the actual number of unintended--and unwanted--births is very large indeed.) These data suggest that intentions do have an influence on pregnancy outcome, although the influence is limited.

Zelnik and Kantner's survey clearly raise some intriguing questions concerning the relation between conception intentions and pregnancy resulution. It also raises the question whether retrospective reconstruction of subject's intentions is a reliable data source and, more generally, whether one can meaningfully tap into women's conception or contraception intentions. One can only speculate about possible interpretations of these data.

Other studies have examined women's reasons for going through with, or terminating their pregnancies. Wanting the baby and reluctance to have an abortion are obvious reasons for deciding to carry to term. For example, in a recent study[39] of unmarried, adolescent black women who chose to deliver, slightly under half (45%) indicated that they had "wanted" the baby, and almost a third found abortion unacceptable (32%), i.e., tantamount to "taking a life" or destroying (their) own flesh and blood."

Correspondingly, women choosing either abortion or delivery have also been found to have the expected attitudes toward abortion. Generally speaking, for example, women who deliver their babies are more likely than aborters to have moral objections to abortion and to be more conservative in their attitudes toward it.[11,13,14,15,35,38,39]

Yet a recent study by Smetana (1978) suggests that attitudes toward abortion are not necessarily consistent with actions. Among the lower-middle-class single women she studied, abstract judgments about abortion were found to be more liberal than the women's judgments vis-à-vis their own abortions. But precisely the opposite relationship has also been found to be true, i.e., women who have conservative attitudes toward abortion may nevertheless decide on abortion to resolve their own pregnancy problems. For example, Freeman[44,45] in a recent study found that abortion decisions frequently contradicted not only women's attitudes toward abortion, but also their perceptions of themselves. Thus, women who reject induced abortion "on principle," or as a method of birth control, or who reject it for other women, many in fact, end their own pregnancies by this method.

Attitudes toward abortion generally, and toward individual pregnancy resolution, in particular, also appear to be correlated with pressures from mother or boyfriend to either deliver or abort;[35,38,39] with models for either choice in sisters, mothers, and girlfriends' and with duration of the sexual relation--as was pointed out in the previous section.

Attitudes toward child care also appear to be correlated with decisions about pregnancy outcomes. Assuming that interest in baby sitting is an accurate index of child care attitudes, women aborting their pregnancies seem to be likely to have more negative attitudes toward child care than women who carry to term. The term patients report generally greater interest in baby sitting.[39]

Other studies suggest corresponding differences in emotional reactions to pregnancy. As one would expect, women who choose to terminate their pregnancies by abortion are more unhappy about their pregnant condition than those who deliver.[15,91] Several researchers have observed that although all the unmarried women (aged 15-44) in their sample had initially reacted to their pregnancies with sadness and with the general sense that it was a poor time for them to be pregnant, such feelings were less marked among the women who chose to deliver than among those who aborted their pregnancies.[15] In general, the women in the term group viewed their pregnancies in a more positive light than those in the abortion sample.

The attitudes of the abortion patients toward child care (and toward their own pregnancies) appear to be correlated with long-term goals and aspirations. Several studies have suggested that women who choose to terminate their pregnancies by induced abortion tend to have higher educational and occupational aspirations than their counterparts who deliver their babies.[35,38] These women's concerns appear to center around the potentially damaging social and economic consequences that carrying their pregnancies to term might have. Thus, a common concern among them is that bearing a child would interfere with schooling, social life, and career.

For women who carry to term, fatalistic attitudes and beliefs (e.g., "if you make your bed, you have to sleep in it") have sometimes been cited in relation to the decision to deliver.[38,39] For many unmarried teenaged women, such attitudes may reflect "a realistic appraisal of the fact that for those already in poverty, postponement of motherhood won't provide the means to escape."[38, p.132] These women are likely to have fewer alternatives for recognition and status in the community outside of motherhood and may feel that unwed motherhood is an

acceptable and even desired role. In all probability, this belief is reinforced by a more general sense of inevitability about the circumstances of their lives and the corresponding feelings that personal action will not ameliorate or remediate their problems. The "decision" to deliver (or simply, delay or inaction) may make sense in the context of social and economic conditions which give rise to feelings of passivity, pessimism, and alienation from middle-class, American values. Thus, for many women who carry to term, whether or not to have a baby may seem irrelevant in light of their overall chances of ending the vicious cycle of welfare dependency and poverty.

Personality and Self-image. In what is apparently the only study to date which examines such personality variables as self-image, self-esteem, and femininity among unmarried abortion patients, Freeman[44] reports that women terminating their pregnancies tend to view themselves in terms of traditional concepts of femininity and to see themselves as "average women who are neither independent nor individualistic."[44,p.155] With the exception of a small minority of younger, socially disadvantaged teenagers, for whom the abortion experience had not been "resolved," the women in Freeman's sample had a positive self-image and did not appear to be disturbed.

These findings are interesting and open up an important area for further research. Unfortunately, the study lacks a comparison group, uses a sample ranging in age from 15 to 40, and provides little definition and detail about the variables. (It may very well be, for example, that adolescent abortion patients do not see themselves in the same (traditional) ways as the older women.)

On the other hand, a variety of investigators have indicated that unwed teenagers who carry to term,[7,18,51,62,65,93] are likely to have poorer self-image

and less sense of competence and control than others of their age. Several clinical studies of psychiatric patients who become pregnant[7,51,65] suggest that for these women the baby is "emotionally wanted" to strengthen their sense of identity, to bolster a poor self-image, and to enhance their sense of control over their lives.

However, this clinical picture of the term patient as reacting defensively to feelings of low self-esteem, has been challenged in a series of articles by Bracken and his colleagues.[11,12,13,14,15] These researchers have concluded that whether abortion or delivery is chosen depends on the circumstances of the patient. Thus, the psychosocial milieu (including the relationship to the partner and interpersonal and family support) in which the pregnancy occurs is viewed as the major influence on pregnancy outcome.

The decision-making process. Bracken and his colleagues have also attempted to apply a "minimax-cum-cognitive dissonance" model of conflict resolution to decision-making concerning pregnancy outcome. Accordingly, they propose four cognitive-affective stages in pregnancy resolution: 1) acknowledgement of the pregnancy and accompanying happiness or unhappiness about it; 2) formation of alternative outcomes and acceptance or rejection of each; 3) consideration of the relative merits of the available options, e.g., abortion, adoption, or motherhood, and an easy or difficult decision-making process; and 4) commitment to the chosen outcome and accompanying gladness or sadness about the ultimate choice. Each step in this process of conflict resolution is a precondition for succeeding steps and determines the following conflict; and each decision in the series reflects an attempt to reduce cognitive dissonance and maximize net gains.

Bracken and his colleagues have observed that among teenagers, and especially among those who lack support from their mothers, ambivalence is not

uncommon--a finding which has been confirmed by other researchers.[44,45] Not surprisingly, conflict and ambivalence are especially marked when the options seem evenly balanced. These researchers have also found that signs of distress relating to the decision-making process are more marked among term patients than among women choosing abortion. For example, term patients have been found to suffer from anxiety and sleep disturbances (clinical signs of depression) more often than abortion patients.[15]

Psychological sequelae: Abortion and Delivery. In recent years, increasing research interest has focussed on the psychological sequelae of induced abortion among unwed adolescent woemn. The great majority of these studies appear to be in agreement concerning the effects of first trimester abortion and suggest that the procedure is neither psychologically harmful nor in other ways damaging to the patient. Confirmation for this conclusion comes from a variety of sources.[8,12,19,22,26,27,35,40,41,47,67,68,81,82,83,85,97] Using diverse samples and methods, these researchers have found that patients' psychological--and general--health is unchanged (or even improved) following abortion. Most abortion patients apparently feel relief, improved mood, or no difference in psychological status after the procedure. For example, Barnes and his colleagues[8] and Perez-Reyes and Falk[85] and others have concluded that the crisis and its resolution (by abortion was viewed as a "helpful event" in development among the women in their samples. Other researchers have noted fewer psychiatric symptoms among patients post-abortion[40] and have suggested that abortion may be a psychologically "therapeutic" procedure which significantly redueces patients' distress, anxiety and depression. Still others observe the predominant reaction among abortion patients as one of happiness and relief.[80,91,81,83] However, differences apparently exist in outcomes depending on the patient's psychological adjustment prior

to the abortion are likely to handle the experience better than those who come to the situation with pre-existing emotional disturbances.[51,70] But examination of both short and long-term outcomes indicates that if abortion has any psychological effects at all, these effects are far more likely to be positive than negative.[22,70]

Various explanations have been offered for the relatively positive outcomes among women who obtain abortions. Relief from stress associated with the pregnancy has already been mentioned.[80,85] Another important reason, of course, is the removal of potential constraints on the life and future of the pregnant teenager:[77] The adolescent who obtains an abortion can subsequently resume her life at school, at home, and among her peers--all important in her attainment of full maturity.

While there is general consensus that induced abortion relieves the problem of unwanted pregnancy without presenting psychiatric complications, studies nevertheless suggest that the abortion experience is difficult and stressful, and in no sense taken lightly.[13,12,19,24,45] As David astutely observes, "There is no psychologically painless way to deal with unwanted pregnancy."[24,p.61] Anxiety associated with the abortion experience has been discussed in various contexts,[13, 12,17,51,67,69,72,97] and it has been found to correlate highly with the youthfulness of the patient, with lack of social supports (e.g., from family, sexual partner, or friends), and with ambivalence and uncertainty about whether or how to terminate pregnancy. For many younger adolescents (<18), anxiety focuses around the dilemma of telling parents in order to obtain their consent.[19] Hatcher[51] and Margolis, et al.[72] have suggested that patients under 16 experience more conflict and guilt than do older women because they are less mature, have less psychological resilience and generally fewer resources. Teenagers who lack support networks are also more likely to be confused and uncertain about what to

do;[14] and socially disadvantaged women more often experience ambivalence and doubt as a result of not having "psychologically" resolved the pregnancy.[45] Women who have experienced pressures from their families to terminate the pregnancy are also likely to experience greater anxiety and ambivalence than those who choose abortion freely. Some women, of course, may also fear the abortion procedure itself.[14] In general, anxiety, depression, and conflict appear to be associated with delay in seeking abortion, and the consequences of such delay, as Bracken and Kasl[13,14] have found. However, the general consensus seems to be that, 1) these psychological sequelae are relatively mild and short-term and tend to disappear with the passage of time; and 2) the psychological sequelae for term patients are far more serious, complex, and long-lasting.

The conclusion that abortion does not impair psychological functioning has been advanced not only in follow-up studies but also in studies comparing abortion and term patients on psychiatric status post-abortion or following delivery. Investigators have generally agreed that psychological outcomes are more favorable for women who abort than for those who deliver. Term patients, regardless of age and marital status, have consistently shown a far higher incidence of subsequent psychological disturbance than those aborting their pregnancies.[26,67,83] Recently, David[26] has reported on a study of 28,000 Danish and American women who had had abortions in 1975. Using psychiatric hospital admissions as a criterion, he found the risk of mental illness much greater among those who delivered than those who aborted: Five times as many of those delivering their babies as those aborting them had psychiatric admissions to hospitals. (In an earlier study,[24] David focussed on 4,000 patients admitted to hospitals for postpartum psychosis. David noted that no such cases of post-abortion psychosis were reported.)

The special pressures and hardships with which the unwed teenager whose pregnancy ends in illegitimate birth must cope, have been widely reported both in the scientific literature and in the popular press.[9,16,43,86,99] In general, these reports have stressed the social and economic problems that women who carry to term may face. Several studies emphasize the psychological effects of the almost certain disruption of schooling and other "life-schedule" events and suggest that teenagers who become single parents are likely to curtail their schooling and to have difficulty achieving economic self-sufficiency. These women are at risk of entering the ranks of the poor or going on welfare, since employment opportunities are limited by educational deficits and by childbearing responsibilities.[77] Even if the woman marries, her husband is likely to have low earnings, and there is a high probability of divorce--conditions which may eventually force her to support herself or become dependent on public assistance. In short, the unwed teenager who carries her pregnancy to term may face a host of problems associated both with being a single mother and with the special burdens and responsibilities this situation involves at a time when she herself is not yet matured. The social and psychological costs of teenage childbearing out-of-wedlock are thus great and may compromise the mother's psychological well-being, limit her prospects for the future, and restrict the life chances of her offspring.[75,77,86]

Summary and Conclusion. Many psychological variables appear to be associated with pregnancy resolution and its sequelae: intentions, beliefs, and attitudes, as well as various personality characteristics. The sheer number of variables which have been associated with pregnancy resolution attests to the enormous complexity of the process. At present, attempts to understand pregnancy resolution among unmarried teenagers are hampered by the sparsity of research focussing on

adolescents. But while the social and psychological implications of either outcome are becoming better understood and increasingly predictable, there are no clear answers to the woman who faces such a decision. For although science may provide answers about the relative risks--medical, social, and psychological--of induced abortion versus illegitimate birth, it is silent (and rightly so) about the question of what is right or best for any woman.

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